

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035207

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 1189

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

OCT 14 1963

## 1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Joseph,

Length of stay in lb  
Life

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION General Osteo. Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Andrew

c. CITY OR TOWN St. Joseph,

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)  
Rural Route #1

Reside on Farm  
Yes ☒ No ☐

## 3. NAME OF DECEASED

First  
SUSIE

Middle  
EMMA

Last  
SCHINDLER

4. DATE OF DEATH  
Month Day Year  
October 2, 1963

## 5. SEX

Female

6. COLOR OR RACE  
White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
June 28, 1884

9. AGE (last birthday)  
79

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY  
Own Home

11. BIRTHPLACE (City and state or country)  
Cosby, Missouri

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Linn Robinson

## 13b. MOTHER'S MAIDEN NAME

Blakeley

## 14. NAME OF HUSBAND OR WIFE

Calvin Schindler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Mr. Calvin Wm. Schindler Jr. - St. Joseph, Mo

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Malnutrition

### INTERVAL BETWEEN ONSET AND DEATH

10 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Intestinal carcinoma

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb. 1944 to October 2, 1963 and last saw her alive on October 1, 1963  
Death occurred at 5:18 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
W.F. Maxwell, M.D.

22b. ADDRESS  
3074 Main Savannah, Mo.

22c. DATE SIGNED  
10/4/63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
Oct. 4, 1963

23c. NAME OF CEMETERY OR CREMATORY  
Memorial Park Cemetery

23d. LOCATION (City, town, or county)  
St. Joseph, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Meierhoffer-Fleeman Inc., St. Joseph, Mo.

## 25. DATE RECD. BY LOCAL REG.

Oct. 8, 1963

## 26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

W.F. Maxwell, M.D.

Print name 10-4-63

0  
3  
3  
1  
5  
0  
9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edward C. Harrington  
Licensed Embalmer No. 2208  
P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.